

# INFLUENZA CONSENT FORM



## Information about person to be vaccinated (please print)

First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For child -** Parent's Name: \_\_\_\_\_

\_\_\_\_\_ Insurance

\_\_\_\_\_ Medicaid or Medicare

\_\_\_\_\_ No Insurance / Insurance that DOES NOT cover vaccines

\_\_\_\_\_ American Indian or Alaskan Native under 18 (VFC)

\_\_\_\_\_ Paid Cash

Insurance Company Name: \_\_\_\_\_

Policy ID #: \_\_\_\_\_

Policyholder name: \_\_\_\_\_

Policyholder Birthdate: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Please answer the following for the person to be vaccinated.

- |   | Yes   | No    |
|---|-------|-------|
| 1) Is the person sick today?  | _____ | _____ |
| 2) Does the person have an allergy to eggs or to a component of the vaccine?                                  | _____ | _____ |
| 3) Has the person ever had a serious reaction to influenza vaccine in the past?                               | _____ | _____ |
| 4) Has the person ever had Guillain-Barre syndrome? (Condition in which the immune system attacks the nerves) | _____ | _____ |

I have been provided a copy of and have read or have had explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request. I am responsible for any financial charges not covered by my insurance. A record of this immunization will be entered into the Iowa Immunization Registry System (IRIS).

**Signature**

**Date**

\_\_\_\_\_  
Person to be vaccinated (If a minor, parent or guardian)

## For office use only

Date: \_\_\_\_\_

Administered by: \_\_\_\_\_

IM Site:

Left

Deltoid

Right

Thigh

VIS 1/2025

Billing: \_\_\_\_\_ IRIS Entry: \_\_\_\_\_ Location: \_\_\_\_\_

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